

2. Write

3. Turn a key

4. Prepare a meal

Push open a

heavy door

your head
Do heavy

Place an object

household chores

(eg wash walls,

wash floors)
Garden or do

vard work

6. on a shelf above

Primary Therapist:										
DISABILITIES	OF	THE A	RM	, SHOU	LD	ER AND I	HA	ND (DAS	SH)	
Patient's N	ame:					Date:	_/	/		
			Sco	ore = (Score/3	0)-1 x	25				
Total	Score	=			Final	Score =		/ 100		
Please complete the following monitor and plan your care. A during your Physical Therapy	A high	er or lower so	core is	not better. Yo	u may	be asked to comp	lete th	is form at var	ious st	
Please rate your ability	y to d	lo the follo	wing	g activities	in th	e last week.				
1. Open a tight or new jar		No difficulty		Mild difficulty		Moderate difficulty		Severe difficulty		Unable

Mild

Mild

Mild

Mild

Mild

Mild

Mild

difficulty

difficulty

difficulty

difficulty

difficulty

difficulty

difficulty

Moderate

difficulty

0

0

Severe

Severe

Severe

Severe

Severe

Severe

Severe

difficulty

difficulty

difficulty

difficulty

difficulty

difficulty

difficulty

Unable

Unable

Unable

Unable

Unable

Unable

Unable

No

No

No

No

No

No

0

0

difficulty

difficulty

difficulty

difficulty

difficulty

difficulty

difficulty



MedStar Health

9. Make a bed	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
10. Carry a shopping bag or briefcase	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
Carry a heavy 11. object (over 10 lbs)	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
Change a 12. lightbulb overhead	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
Wash or blow dry your hair	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
14. Wash your back	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
Put on a pullover sweater	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Unable
Use a knife to cut	No	Mild	Moderate	Severe	
16. food	difficulty	difficulty	difficulty	difficulty	Unable
	No difficulty				Unable Unable



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19.	Recreational activities in which you move your arm freely (eg playing frisbee, badminton, etc)		No difficulty		Mild difficulty		Moderate difficulty	0	Severe difficulty	Unable
20.	Manage transportation needs (getting from one place to another)	0	No difficulty		Mild difficulty		Moderate difficulty		Severe difficulty	Unable
21.	Sexual activities		No difficulty		Mild difficulty		Moderate difficulty		Severe difficulty	Unable
22.	During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbors or groups?		Not at all		Slightly		Moderately	D	Quite a bit	Extremely
23.	During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?		Not limited at all		Slightly limited		Moderately limited	D	Very limited	Unable
Pleas	se rate the severity	of the	following s	ympt	oms in the l	ast w	eek			
24.	Arm, shoulder or hand pain		None		Mild		Moderate		Severe	Extreme



MedStar Health

25.	Arm, shoulder or hand pain when you performed any specific activity		None		Mild	Moderate	Severe	Extreme
26.	Tingling (pins and needles) in your arm, shoulder or hand		None		Mild	Moderate	Severe	Extreme
27.	Weakness in your arm, shoulder or hand		None	0	Mild	Moderate	Severe	Extreme
28.	Stiffness in your arm, shoulder or hand	0	None		Mild	Moderate	Severe	Extreme
29.	During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?		No difficulty		Mild difficulty	Moderate difficulty	Severe difficulty	So much I can't sleep
30.	I feel less capable, less confident or less useful because of my arm, shoulder or hand problem		Strongly disagree		Disagree	Neither agree nor disagree	Agree	Strongly agree